

Health and Family Planning Overview

UGANDA



Population:	24.7 million (BUCEN 2001)
Infant Mortality Rate:	88.4 (DHS 2000)
DPT3 Coverage:	46.1%, children 12–23 mos. (DHS 2000)
Nutrition:	39.1% stunting, children 0–59 mos. (DHS 2000)
Total Fertility Rate:	6.9 (DHS 2000)
Maternal Mortality Ratio:	505 (DHS 2000)
Contraceptive Prevalence Rate:	16.5, all women, modern methods (DHS 2000)
Adult HIV Prevalence:	5.0% (UNAIDS 2001)
Current Living AIDS Orphans:	880,000 (UNAIDS 2001)
Demographic and Health Surveys:	1988/89, 1995, 2000
Multi-Indicator Cluster Surveys:	1995

Country Profile

Uganda progressed on a number of fronts in the 1990s, including infrastructure rehabilitation, production and export incentives, reduced inflation, and improved security. Concerns persist, however, about HIV/AIDS, continuing internal conflicts, slippage in reform efforts, the transition to plural democracy, and corruption. In the north, the conflict between the Lord's Resistance Army and government forces has shattered the agrarian economy, education system, and health care infrastructure of the country's least developed region. More than 300,000 displaced persons live in camps. Uganda also hosts 200,000 refugees from Sudan. Conflict in the west has diminished somewhat but has had far reaching impact on socioeconomic activity. Uganda's social sectors face high population growth, declining immunization rates, HIV/AIDS, high school dropout rates, and high incidence of malnutrition and malaria.

HIV/AIDS in Uganda. Uganda's HIV prevention programs have become a model for developing countries attempting to curb HIV/AIDS. During the 1990s, they reduced HIV prevalence in the general adult population from approximately 18 to 8.3 percent, while data from selected antenatal clinics showed a decline from 30 to between 6 and 14 percent. Multiple indicators testify to this achievement, including increased knowledge and use of condoms; reduced numbers of casual sex partners; delay in age of first sexual contact; increased availability of HIV/AIDS testing, care and counseling; increased availability of treatment for other sexually transmitted infections (STIs); and the development of innovative workplace and military-based programs. For the future, scaling up proven interventions and developing new activities to address the growing orphan crisis and promote behavior change among youth, who constitute over 50 percent of the population, are necessary to sustain the decline in prevalence.

USAID Strategy

USAID/Uganda's human capacity objective focuses on improving basic conditions that are barriers to reducing poverty in the country, such as illiteracy, high mortality, and high fertility. A key to success is making use of schools, communities, service delivery points, and other institutions as focal points for implementing integrated, focused interventions in education and health, including strong interventions in information, education, and behavior change communication. Service provision in the public and private sectors and policy dialogue on a diverse range of health issues (including population, HIV/AIDS, orphans and vulnerable children, and regulation and monitoring of private sector services) are also part of this integrated strategy to address human capacity issues in Uganda.

Strategic Objective: Improved human capacity

Intermediate Results:

- Effective use of social sector services
- Increased capacity to sustain social sector services
- Strengthened enabling environment for social sector services



Major Program Areas

HIV/AIDS. Since the initial response to HIV/AIDS in Uganda, USAID has continued to support HIV/AIDS/STI prevention through social marketing of Protector condoms; information, education, and communication programs; training in clinical management of STIs; voluntary counseling and testing (VCT) services; care and support programs; and increasing utilization of comprehensive, integrated HIV/AIDS services. With the Ministry of Health and the National Drug Authority, the Mission helped develop and pilot-test an affordable seven-day antibiotic treatment kit called “Clear Seven” for men with gonorrhea and chlamydia. USAID/Uganda also funds and supports the AIDS Support Organization (TASO), which trains counselors and cares for AIDS patients, and the AIDS Information Center (AIC), which provides VCT services. Under the new six-year Integrated Strategy Plan (ISP), the Mission will support the expansion of TASO and AIC activities. The Mission has also developed and is supporting an HIV/AIDS integrated model district program, which will increase the provision of comprehensive HIV/AIDS services at the district and subdistrict levels. Other Mission efforts include improved community support for orphans and hard-hit communities, pilot trials of drug therapies against mother-to-child transmission, strengthened sentinel surveillance, and expanded use of proven interventions. The Mission is also assisting operations research about support of children affected by AIDS, use of VCT by youth, and integrating VCT into the broader range of health services.

Health and Family Planning. USAID/Uganda supports the nationwide social marketing of condoms, pills, injectable contraceptives, clean delivery kits, and bed nets for malaria. The Mission also provides technical assistance with contraceptive supplies, drug and commodity logistics, and immunizations, and supports the training of medical staff, including trained birth attendants, to integrate reproductive and maternal/child health care into the health care system and to increase technical competence, service quality, and counseling. These activities improve knowledge of family planning methods, nutrition, and routine immunization, and have initiated improvements in child health services, vitamin A supplementation, and malaria prevention. Uganda is participating in USAID’s Malaria Plus Up program, which supports improved policies and partnerships for the key elements of malaria control – effective treatment, prevention as part of antenatal services, and access to insecticide-treated bed nets. Under the new ISP, USAID will support a strengthening support systems contract and an integrated services cooperative agreement. The systems contract will focus on increasing the capacity of national and central support systems to sustain social sector services in an improved enabling environment. The services agreement will promote the use of sustainable, high-quality social services in 20 districts. Both interventions will encompass both health and education services.

Results

- HIV prevalence has declined by more than 50 percent since the 1990s.
- The number of USAID-supported VCT sites increased from 3 in 1996 to 56 in 2001. Between 1997 and 2001, the number of clients served by AIC direct and indirect sites increased by 67 percent.
- Between 1997 and 2001, the number of clients served by TASO increased by nearly 170 percent.
- Ever-use of condoms by women increased from 12 to 20 percent of respondents between 1995 and 1999.
- The proportions of women and men ever tested for HIV increased, respectively, from 12 to 16 percent and from 13 to 19 percent between 1995 and 1999.
- There has been an annual 1.5 percent increase in modern contraceptive prevalence.
- The percentage of pregnant women who receive at least one antenatal visit remained high, at 90 percent, and 72 percent receive the recommended minimum three visits.
- USAID efforts helped increase the number of assisted deliveries in target districts by more than 70 percent between 1995 and 2001.

Major Implementing Partners

USAID/Uganda’s partners in implementing population, health, and nutrition activities, in conjunction with the Government of Uganda, include Pathfinder International, the Johns Hopkins University, the University of North Carolina, Management Sciences for Health, CARE, Deloitte Touche Tohmatsu, Population Services International, Meridian Development Foundation, the African Medical and Research Foundation, EngenderHealth, Abt Associates, TASO, AIC, and the U.S. Centers for Disease Control and Prevention.



This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP (info@phnip.com).

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